Name in Full: Helen Booth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: Aug — Day: 5

Age: Years: — Months: 2 — Days: 3

Sex: Female — Color or Race: White — Birthplace: Salisbury Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank J Booth — Father's Birthplace: Md

Mother's Maiden Name: Annie Hastings — Mother's Birthplace: Md

Name of person giving Information: Frank J Booth — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long: 11 mos

Immediate: Exhaustion — How long: —

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Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elcey Bounds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walnut Trees — County: Wicomico

Date of death: Month: Aug. — Day: 30th — Year: 1904 — Age: Years: — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Walnut Trees Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Louis C. Bounds — Father's Birthplace: Wicomico Co. Md.

Mother's Maiden Name: Armenia Lawrence — Mother's Birthplace: Wicomico Co. Md.

Name of person giving In formation: Louis C. Bounds — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~: Dr. J. J. T. Long of Allen Md. attended — How long

~~Immediate~~: The Child I dont know the cause of of its death — How long

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature of~~ Physician: Geo. C. Hill

Address: Undertaker Salisbury Md.

Accident or Suicide:

LIBRARY BUREAU A68516

Name in Full: Emma V. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death 1904: Month: Aug 3rd; Age: Years: 22; Months: 4; Days: 3

Sex: Female; Color or Race: White; Birthplace: Sitona

Occupation: Seamstress; Where Residing if not at place of death: near Salisbury

Married, Single or Widowed: Married; Name of Wife or Husband: N F Brown.

Father's Name: Samuel J. Foxlee; Father's Birthplace: Sitona

Mother's Maiden Name: Martha J. Culver; Mother's Birthplace: Delmar

Name of person giving In formation: Flora E. Parker; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long:

Immediate: Exhaustion & heart failure; How long: 14 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis Williams M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Salisbury Md County: Wicomico

Date of death: Month: 1904 Aug. Day: 8 Age: Years — Months — Days: 17

Sex: Color or Race: White Birthplace: Salisbury

Occupation: Dufour Where Residing if not at place of death:

Married, Single or Widowed: Single Name of ~~Wife or~~ Husband:

Father's Name: E. Milnes Trimble Father's Birthplace: Wicomico Co

Mother's Maiden Name: Addie Calloway Mother's Birthplace: Dorchester Co.

Name of person giving information: How related to deceased: none

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Intestinal Infection How long

Immediate: Duration + Toxaemia How long: 3 or 4 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Morris Md

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Albert B Cannon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury County: Wicomico

Date of death: 1907 Month: Aug Day: 24 Age: Years: 5 Months: 7 Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Cannon Father's Birthplace: Md

Mother's Maiden Name: Mary E Webster Mother's Birthplace: Md

Name of person giving Information: William Cannon How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Mort Sprue How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. E. Holloway M.D.

Address: undertakers Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Levi Cattin 8/22/XII

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hebron — County: Wicomico

Date of death: 1904 — Month: Aug — Day: 27 — Age: Years: 2 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Washington

Occupation: none — Where Residing if not at place of death: Hebron Md

Married, Single or Widowed: Single — Name of Wife or Husband: Hebron

Father's Name: Levi Cattin — Father's Birthplace: Wetipquin Md

Mother's Maiden Name: Don't Know — Mother's Birthplace: Tyaskin Md

Name of person giving information: James M Jones — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know — How long: Dont Know

Immediate: Dont Know — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Norbissa Chatam

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904 Month: Aug Day: 1

Age: 85 Years 9 Months 7 Days

Sex: Female Color or Race: White Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Patriack Causey Father's Birthplace: Md

Mother's Maiden Name: Polly Cropper Mother's Birthplace: Md

Name of person giving Information: Martha Kelley How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age 154 How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Holloway & Co

Address: Salisbury Md

Undertakers

Accident or Suicide? no

LIBRARY BUREAU A66816

Name in Full: Robert Dryden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904 Month: Aug Day: 2 ond. Years: Age 86 Months: 9 Days:

Sex: Male Color or Race: White Birthplace: Worcester Co. Md.

Occupation: Farmer & Butcher Where Residing if not at place of death: in Salisbury Md.

Married, Single or ~~Widowed~~: Widower Name of Wife or ~~Husband~~: Elizabeth Dryden

Father's Name: William Dryden Father's Birthplace: Maryland

Mother's Maiden Name: Nancy P. Tilghman Mother's Birthplace: Wicomico Co. Md.

Name of person giving Information: Noah G. Tilghman How related to deceased: Cousin

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not known (No Doctor) How long

Immediate: Infirmities of old age How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Geo. C. Hull (Undertaker)

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU AUG 16

Name in Full: Ida May Dutton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allen — County: Wic

Date of death: Month: Aug — Day: 13 — 1904

Age: Years: 12 — Months: — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Allen Md

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or~~ Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Caleb Dutton — Father's Birthplace: Allen

Mother's Maiden Name: Dallis Bruington — Mother's Birthplace: Md

Name of person giving information: Grant Bruington — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: —

Immediate: Cardiac failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J D Long

Address: Allen

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Charlie E Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Salisbury; District: Parsons; County: Wicomico

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1907	May	10	Age 14	9	20

Sex: male | Color or Race: White | Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Isaac D Elliott | Father's Birthplace: Del

Mother's Maiden Name: Mary E Figgs | Mother's Birthplace: Del

Name of person giving Information: Isaac D Elliott | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever | How long: 11 Days

Immediate: Toxaemia | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis Williams MD

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Louis Elzey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death 1907 — Month: Aug. — Day: 17 — Age — Years: — Months: 8 — Days: —

Sex: Male — Color or Race: White — Birthplace: Salisbury

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Harvey P. Elzey. — Father's Birthplace: Sussex Co. Del.

Mother's Maiden Name: Mary Fakes — Mother's Birthplace: Sussex Co. Del.

Name of person giving Information: Harvey P. Elzey — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Intestinal Infection — How long: 3 or 4 weeks

Immediate: Inanition — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis W. Morris M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Gale col

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Quantico — County: Wicomico

Date of death 1904: Month: Aug — Day: 4 — Age: Years — Months — Days

Sex: colored — Color or Race: Black — Birthplace: near Quantico

Occupation: None

~~Married, Single or Widowed~~: Single

Name of Wife or Husband: Dont Know

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: Elizzie Gale — Mother's Birthplace:

Name of person giving information: J. W. Jones — How related to deceased: None ~~Friend~~

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 4 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6881G

Name in Full: Samuel Cleveland Goordy

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: Aug. — Day: 18 — Age: Years — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Sydney Goordy Jr — Father's Birthplace: Md.

Mother's Maiden Name: Clara White — Mother's Birthplace: Md.

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

105

Primary: Enters - Colitis — How long: 2 weeks

Immediate: Inanition Ex Heart - failure — How long: 8 or 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. Clemons M.D.

Address: Salisbury Md.

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Lula Gravenor

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: 1904 Aug — Day: 8 — Age: 32 Years 2 Months 6 Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housework — Where Residing if not at place of death: Near Parsonsburg

Married, Single or Widowed: Married — Name of Wife or Husband: John A Gravenor

Father's Name: Thomas J Tyre — Father's Birthplace: Md

Mother's Maiden Name: Julia A Lewis — Mother's Birthplace: Md

Name of person giving information: John A Gravenor — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Myelitis — How long: 6 mos

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D McStrumpher, M.D.

Address: Salisbury, Md.

Accident or Suicide?

LIBRARY BUREAU A22818

Name in Full: Dora Hayman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Aug. Day: 12th 1904

Age: Years: — Months: 6 Days: 19

Sex: Female

Color or Race: White

Birthplace: Salisbury Md.

Occupation: —

Where Residing if not at place of death: at Salisbury Md.

~~Married~~, Single or ~~Widowed~~

Name of Wife or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Claude L. Hayman

Father's Birthplace: Somerset Co. Md.

Mother's Maiden Name: Annie Daugherty

Mother's Birthplace: Kent Co. Md.

Name of person giving In formation: Otis T. Hayman

How related to deceased: Uncle

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Intestinal Infection — How long

Immediate: Toxaemia & Convulsions — How long 7 or 8 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis A. Mears M.D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Susanna Crozier Howard

CERTIFICATE OF DEATH

Died at — Town: Salisbury — County: — MARYLAND

Date of death: Month: August — Day: 11th — 1904

Age: Years: 6 — Months: 6 — Days:

Sex:

Color or Race:

Birthplace: Rockdale Pa

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: David Howard

Father's Name: John P. Crozier

Father's Birthplace: Scotland

Mother's Maiden Name: Eliza Kenedy

Mother's Birthplace: Scotland

Name of person giving Information: Emilie Crozier

How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral insufficiency

How long: 1 y 2 m (or more)

Immediate: Pulmonary oedema

How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Cydnor

Address: Salisbury Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Jane Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alms House — County: Wicomico

Date of death: Month: 1904 Aug — Day: 15

Age: Years: 75 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Don't Know

Occupation: Laborer — Where Residing if not at place of death: Alms House

Married, Single or Widowed: Single — Name of Wife or Husband: Don't Know

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving In formation: H. J. Seabrease — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Old age — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rita Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Powellville; County: Worcester

Date of death: Month: August; Day: 1; Year: 1904; Age: Years: 1 year; Months; Days

Sex: girl; Color or Race: White; Birthplace: maryland

Occupation; Where Residing if not at place of death

Married, Single or Widowed; Name of Wife or Husband

Father's Name: Wm Lewis; Father's Birthplace: maryland

Mother's Maiden Name: Dellie Timmons; Mother's Birthplace: maryland

Name of person giving Information: Wm Lewis; How related to deceased: father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colon and Enteritis; How long: 3 weeks

Immediate; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred Dennison, M.D.

Address: Berlin Md

Accident or Suicide?

Paul E. Bell

LIBRARY BUREAU A88510

Name in Full: Rese Gillis Lowe

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mardela — County: Wicomico

Date of death 1904: Month 6, Day 19 — Age: Years —, Months 3, Days 9

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Rese Lowe — Father's Birthplace: Md

Mother's Maiden Name: Agnes Gillis — Mother's Birthplace: Md

Name of person giving information: Rese Lowe — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Billious Dysentery — How long: 11 Days

Immediate: Hemoraghes on Bowels — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A E Sudler

Address: Mardela Md

Accident or Sulcide?

LIBRARY BUREAU A68516

Name in Full: George Nadeau

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Quantico — County: Wicomico

Date of death 1904: Month: Aug — Day: 10 — Age: Years — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: near Quantico

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: Don't Know

Father's Name: Chas Nadeau — Father's Birthplace: Canada

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving information: Chas Nadeau — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Cholera Infantum — How long: 1 week

PHYSICIAN OR CORONER.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide:

105

LIBRARY BUREAU A888912

Name in Full: Osmond

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: aug — Day: 10

Age — Years: 0 — Months: 0 — Days: 0

Sex: female — Color or Race: White — Birthplace: Salisbury

Occupation: 0 — Where Residing if not at place of death: Salisbury

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Willie Osmond — Father's Birthplace: Pennsa

Mother's Maiden Name: Bell Dishroon — Mother's Birthplace: Md

Name of person giving In formation — How related to deceased: S

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Deformity in Uterus — How long

Immediate: absence of Cerebrum — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Simmons M. D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Nancy Elizabeth Parsons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parsonsburg — County: Wicomico

Date of death 1904: Month: Aug. — Day: 9 — Age: 56 — Months: 0 — Days: 8

Sex: Female — Color or Race: White — Birthplace: near Powellville

Occupation: Farmers wife — Where Residing if not at place of death: Parsonsburg

Married, Single or Widowed: married — Name of Wife or Husband: William Francis Parsons

Father's Name: Ephriam Dennis — Father's Birthplace: near Powellville

Mother's Maiden Name: Mary Lewis — Mother's Birthplace: near Powellville

Name of person giving information: Laura J. Parsons — How related to deceased: aunt by marriage

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: one year

Immediate: Diarrhoea — How long: one month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. Geo H. Pruitt

Address: Parsonsburg Md

Filed 1904

Accident or Suicide?

Wicomico Co

LIBRARY BUREAU A88516

E. Phillips

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Hebron — County: Wicomico

Date of death 1904	Month	Day	Years	Months	Days
	Aug	7	Age 2	10	

Sex: Female — Color or Race: white — Birthplace: Hebron

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: A. J. Phillips — Father's Birthplace: Maryland

Mother's Maiden Name: Genobia Howard — Mother's Birthplace: Quantico

Name of person giving Information: Genobia Phillips — How related to deceased: mother

CAUSES OF DEATH

14

Primary: Dysentery — How long: 5 days

Immediate: Exhaustion and Intestinal Affairs — How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Oliver J Gray

Address: Hebron Wicomico Co.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Infant of John W. Riall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fruitland — County: Wicomico

Date of death: Month: Aug. — Day: 25 — 1904

Age: Years — Months — Days: 4

Sex: Male

Color or Race: White

Birthplace: Fruitland Md.

Occupation:

Where Residing if not at place of death: at fathers home

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John W. Riall

Father's Birthplace: Fruitland Md.

Mother's Maiden Name: Margie Tull

Mother's Birthplace: Marion Somr Co.

Name of person giving Information: Mrs. A. A. Riall

How related to deceased: Grandmother

CAUSES OF DEATH

Primary: 179

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis H. Mosher

Address:

Accident or Suicide?

LIBRARY BUREAU A8851G

Dr. Louis Morris attended the childs
Mother at birth of child Geo. C. Hill
Undertaker

Name in Full: Horace Sealsrane

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mardela; County: Wicomico

Date of death: 1904 Month: Aug Day: 1 Age: Years: Months: 7 Days: 21

Sex: Male Color or Race: White Birth-place: Mardela

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: single Name of Wife or Husband:

Father's Name: Raymon Sealsrane Father's Birthplace: Md

Mother's Maiden Name: Bertha Barrett Mother's Birthplace: Virginia

Name of person giving In formation: Raymon Sealsrane How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholriffantum How long: 1 day

Immediate: Spasmo How long: 1 hour

105

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A L Sealsrane

Address: Mardela Springs

Accident or Suicide?

LIBRARY BUREAU Ad8816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Edna Shockley

Died at: Town: near Frankland County: Wicomico

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 Month: Aug Day: 28 Age: Years 5 Months Days

Sex: Female Color or Race: Black Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Wm. Brown Father's Birthplace:

Mother's Maiden Name: Mary Shockley Mother's Birthplace: Md

Name of person giving Information: Oswald Ty Layfield How related to deceased: no relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever How long: 1 week

Immediate: Septic intoxication How long: Immediate

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: Jno. Wm. Brite

Address: Salisbury, Md.

Accident or Suicide? No

LIBRARY BUREAU A89518

Name in Full: Emily C. Tubbs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockawalking — County: Wicomico

Date of death 1904: Month: Aug — Day: 19 — Age: Years: — Months: — Days: 35

Sex: Female — Color or Race: White — Birthplace: Rockawalkin Md.

Occupation: — Where Residing if not at place of death: at Rockawalkin

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Samuel J. Tubbs — Father's Birthplace: Delaware

Mother's Maiden Name: Cora W. Parker — Mother's Birthplace: Maryland

Name of person giving information: Samuel J. Tubbs — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteric Infection — How long: 2 weeks

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Clemons M. D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU ASSOC

Name in Full: Geo. M. Way

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Aug. — Day: 10th — Year: 1904 — Age: Years: 18 — Months — Days

Sex: Male — Color or Race: Brown — Birthplace: Quantico Md.

Occupation: Farmer — Where Residing if not at place of death: At Hospital in Salisbury

~~Married~~, Single or ~~Widowed~~ — Name of Wife or ~~Husband~~

Father's Name: John Way — Father's Birthplace: Maryland

Mother's Maiden Name: Margaret E. Church — Mother's Birthplace: "

Name of person giving Information: John Way — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blind. in abdomen with bowel from Gun — How long: 4 months ago

Immediate: Suppurating areas where struck cannon — How long: Civil War

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Cypert

Address: Salisbury Md

Accident or Suicide?

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